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**PUBLIC PROTECTION CABINET**  
**DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION**  
DIVISION OF HVAC

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## **Kentucky HVAC Journeyman Continuing Education Approved Training Provider**

### **Policies and Standards for Accredited Individuals and Organizations**

Requests to become an Approved Provider for continuing education must be submitted to the Division. The information to be included will identify the organization or person(s) requesting designation as an ATP, description of course outline, where training will occur throughout the State and presenters credential form. An overall plan that outlines training to be provided stating goals and benefits should be included. Please supply other pertinent facts that will assist the Division in determining the training value.

### **Ethical Consideration**

**Training Class Location:** Approved Training Provider (ATP) are strongly encouraged to hold training at established public meeting facilities. Example: Educational and public institutions, rather than business locations such as equipment distribution centers, supply houses and contractors office. Location must be free of excessive sales pressure and promotion activities.

**General Information:** Specific business or product promotions involving door prizes, free meals or commercialization such as signs, pamphlets etc. are not permitted. The company and or their representative would be recognized and permitted to briefly address the group promoting their business interest prior to the start of a training session. It is appropriate to explain their company relationship with the ATP.

**Matter to be Avoided:** Matters pertaining to political, religion, race and gender preferences, is inappropriate and these subjects shall not be discussed during continuing education training session. This includes any printed material to be distributed as part of the subject matter of an approved course.



**Notices of Meeting, Seminars, etc:** Any announcements or promotions that approved training is being offered will clearly indicate that it is sponsored by an Approved Training Provider (ATP) and has been approved by the Division as meeting the requirements of continuing education. Any notice shall include the following information:

- a.) The name of the Approved Training Provider (ATP), which is sponsoring the training.
- b.) The time, date and place of the training.
- c.) Speaker, the title of the training course, and benefits that participants will receive for attending, (Example: a short bio of the speaker and their background with respect to the topic being presented.)
- d.) Number of continuing education credits (CEU's) participants will receive for attending the training course.
- e.) Total cost for participants to attend the training.

### **Disclaimer**

**This notice must be included in all program literature or brochures:**

**APPROVAL REFERS TO RECOGNITION OF EDUCATIONAL ACTIVITIES ONLY  
AND DOES NOT IMPLY APPROVAL OR ENDORSEMENT OF ANY PRODUCTS OF  
THE COMPANY DISPLAYED IN THE PROGRAM OR BROCHURE.**

Announcements of training may include a statement that a company or individual is providing equipment instruction, financial support, or an in kind contribution. The goal is to appropriately recognize those willing to contribute to the success and quality of the continuing education program.

## **EVALUATION OF CONTINUING EDUCATION PROGRAM DEFINITIONS**



**Contact Hour:** A contact hour is defined as being equal to fifty (50) minutes and is awarded one (1) continuing education credit.

**Continuing Education:** Educational activities, which serve to enhance, improve and expand a Journeyman's knowledge and skills. In order to qualify as continuing education the activity must be planned, organized and provided sufficient depth and scope of a subject to meet the objectives.

**Continue Education Credit (CEU):** Unit of measurement for continuing education activities. One (1) continuing education credit is awarded for each contact hour.

**Credits:** Designation given as activity which has received approval through a recognized continuing education evaluation.

**Non-Evaluated Credits:** Designation given activities which were not submitted for pre-approval and cannot be used for continuing education credit.

**Objectives:** The goals which are to be achieved by the participants during the educational activity. Objectives should be statements, which lay out the course instructional for the activity.

**Division:** The Kentucky Department of Housing, Buildings & Construction, Division of Heating, Ventilation and Air Conditioning

**ECEP:** The evaluation continuing education activities operated by the Division to review continuing education courses.

**Approval:** Refers to recognition of educational activities only and does not imply approval or endorsement of any products of the company displayed in the program or brochure.

**Sponsor (ATP):** Refers to an Approved Training Provider (ATP) permitted by the Board of HVAC Contractors to provided continuing educational of the Division of HVAC.

**Approved Training Provider (ATP):** Refers to an individual, organization, manufacturer, wholesalers or others, who agree to provide continuing education to journeyman HVAC license holders.

# **ECEP GUIDELINES & PROCEDURES**

As an Approved Training Provider (ATP):

## **Course Eligibility**

- ❖ It is a planned course on a subject area related to the HVAC profession.
- ❖ The subject matter is of sufficient detail to meet the objectives of the course.
- ❖ It provides a defined level of knowledge of specific skills to be attained.
- ❖ An individual with credentials relevant to the material presents it.
- ❖ The presentation is at least fifty (50) minutes in duration.
- ❖ The Request for Approval form is filed **thirty (30) days prior** to the activity.

## **File your Request for Approval**

- ❖ Complete and return the Request for Approval application for each course to be offered.
- ❖ Attach a copy of the program and/or brochure if any.

*NOTE: Incomplete or illegible forms will be returned to the sender for correction before processing. There will be no exceptions.*

## **Approval & Notification**

- ❖ The Division will assign and notify the ATP of an official course number that identifies this course as being approved.
- ❖ The Division will determine the number of approved continuing education credit hours (CEU's) awarded to the approved course.
- ❖ It is the responsibility of the ATP to issue continuing education certificates to the participants upon completion of any approved courses offered by the ATP.

## **Record Retention**

- ❖ The ATP is responsible for maintaining all documents pertaining to continuing education courses they have sponsored for a minimum of three (3) years in the event participant needs to validate attendance. This will include sign in sheets, and participant registration information.
- ❖ Use a sign-in sheet – sign-out (sample provided) to record the attendance of participants at all approved courses.
- ❖ Upon the request of the Division, the ATP will provide documentation as to the proof of attendance of participants attending any approved courses.
- ❖ The Division of their agent reserves the right to conduct on site audits of approved courses to verify the adequacy of content and delivery.

**Approved Training Provider (ATP)  
Application for Kentucky HVAC Journeyman  
Continuing Education**

*Please complete the following information by typing or printing*

Name of Organization			
Address	City	State	Zip
Telephone Number		Fax Number	
Contact Person		Email Address	

I hereby make application to the Division of HVAC, to be an approved provider of continuing educational activities. I understand this approval is for a period of two (2) years and I will be informed when I am due to be renewed. During this period, this organization may file other courses to be approved. Courses evaluated and approved by the Division of HVAC will expire at the end of my two year period. Courses will need to be resubmitted if they are to be presented during the next approval as an approved provider.

Contact Person Signature	Date
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<b>OFFICE USE ONLY</b>		
ATP Number: _____	Date Received: _____	Expiration Date: _____

The courses approved may be presented at various times throughout this approval period provided, however the instructor assigned does not change. All documentation (sign-in sign-out sheets, evaluation forms and correspondence) must contain the ATP number and the assigned course number. Notification of expiration of this approval will be forwarded to within thirty (30) days prior to the expiration date.

Return completed application to:

Department of Housing, Buildings & Construction  
Division of HVAC  
101 Sea Hero Road, Suite 100  
Frankfort, KY 40601-5405  
Fax: 502-573-0395



## Evaluation of Continuing Education Request for Approval

For prompt evaluation and credit determination, this must be completed in its entirety. A separate Request for Approval must be submitted for EACH activity. Please complete the following information by typing or printing legible and be returned to the Division of HVAC thirty (30) days prior to the course date.

Name of Organization		ATP Number	
Address	City	State	Zip
Telephone Number		Fax Number	
Contact Person		Email Address	

### **Identification of Activity:**

Title of Course: \_\_\_\_\_

Select the type of the course:

\_\_\_\_\_ Code Class \_\_\_\_\_ Business & Law Course \_\_\_\_\_ Technical Course \_\_\_\_\_ Health & Safety Class

Name of Trainer: \_\_\_\_\_

Scheduled Date(s): \_\_\_\_\_ Course Length: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Before course can be approved, the following must be attached to this application:

- ❖ Copy of program or brochure
- ❖ Activity description and course outline
- ❖ Trainer Credential form (form EACH trainer)

Return the complete application to:

Department of Housing, Buildings & Construction  
Division of HVAC  
101 Sea Hero Rd., Ste. 100  
Frankfort, KY 40601-5405

### **OFFICIAL USE ONLY**

Approved Credit Hours: \_\_\_\_\_

Course #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
*Authorized Signature*

HVAC #25 (2-09)



## Approval Request for Continue Education

### Activity Description

*Briefly describe the objectives of the educational activity and include a course outline. Attach any program or brochure for the class.*

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### Trainers Credential Form

*This form is provided for your convenience in submitting information concerning the speaker if a current resume is not available. A credential form must be completed for **EACH** trainer. The Division suggests that more one trainer per course.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

Training: \_\_\_\_\_

\_\_\_\_\_

Certifications: \_\_\_\_\_

Practice/Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Membership: \_\_\_\_\_

\_\_\_\_\_

**Department of Housing, Buildings & Construction**  
**Division of HVAC**  
**101 Sea Hero Rd., Ste. 100**  
**Frankfort, KY 40601-5405**  
**Phone: 502-573-0395 Fax: 502-573-1401**

**ATTENDANCE ROSTER FOR  
KENTUCKY PARTICIPANTS**

**Course Title:** \_\_\_\_\_ **Course #:** \_\_\_\_\_

**ATP#** \_\_\_\_\_ **Hours Approved:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Training Location:** \_\_\_\_\_

<b>Participants Name (Please Print)</b>	<b>HVAC License #</b>	<b>Hours Attended</b>	<b>Initials In</b>	<b>Initials Out</b>

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Instructor's signature certifies the above individuals have attended the hours designated in column three (3).